

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY						
Prefix	1	Serial				
DA	TE RECEIV	ED				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Limited Partnership Interests in AA Capital Biloxi Co-Investment Fund, L.P.	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: ☑ New Filing ☐ Amendment	DDOCESSE!
Type of thing.	LVOOFAAR
A. BASIC IDENTIFICATION DATA	IIIN 0 1 2004
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
AA Capital Biloxi Co-Investment Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephon	e Number (Including Area Code)
10 South LaSalle Street, Suite 3712, Chicago, IL 60603 (312) 419	·-4787
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	ne Number (Including Area Code)
Brief Description of Business  The sole purpose of the Issuer is to co-invest with AA Capital Equity Fund, L.P. in an entity that will design, dev Hard Rock-branded hotel and casino in Biloxi, Mississippi (Premier Entertainment Biloxi, LLC)	elop, construct, own and operate a
Type of Business Organization  corporation business trust limited partnership, already formed business trust limited partnership, to be formed	):
Month Year  Actual or Estimated Date of Incorporation or Organization: 8 03 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  DE	

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	7	General and/or
* Orecchio, John A.				ت					Managing Partner
Full Name (Last name first,	if individual)							_	
10 S. LaSalle St., Suite 37		0603							
Business or Residence Addre			t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
* Oliver, Jr., Paul W.	101-41-14-45				· · · · · · · · · · · · · · · · · · ·				
Full Name (Last name first,	•								
10 S. LaSalle St., Suite 37 Business or Residence Addre			t City State 7in Co	-da)					
Business or Residence Addre	ess (Number and	Stree	i, City, State, Zip Co	oc)					
Chools Boy(on) that Amply	Desmotor		Beneficial Owner		Evacutive Officer		Director		Conord and/or
* Wall, Jr., Charles L.	Promoter		Beneficial Owner		Executive Officer	•	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
10 S. LaSalle St., Suite 37	12, Chicago, IL 6	0603							
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
* Friesl, Matthew R.									Managing Partner
Full Name (Last name first,	if individual)								
10 S. LaSalle St., Suite 371	2, Chicago, IL 6	0603							
* AA Private Equity Investors These four individuals are prin	_		·	comp	any, is the general par	tner o	f the Issuer.		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	П	Director		General and/or
						_			Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							,	11-12-7
, and the contract of the cont									•
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)			_		
	,		, , , , , , , , , , , , , , , , , , ,	,					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
(	,								
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	de)					
	Ç		,,,,,	/					

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		112				В. Д	NFORMAT	ION ABOU	T OFFERI	NG				
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? \$10,000	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes					
2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remaneration for solicitation of purchasers in connection with sales of securities in the name of the broker or dealer. If more than five (5) persons to be listed sin associated persons of specin of a broker or dealer, we may set forth the information for that broker or dealer on state. If more than five (5) persons to be listed are associated persons of such a broker or dealer, we form that information for that broker or dealer only.  Full Name (Last name first, if individual) Independent Consulting and Marketine LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  29401 Stephenson Hwy, Madison Heights, MI 48071  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check *Al States* or check individual) States)  AL AK AZ AR CA CO CT DE DC FL GA HL DD MA MY WI WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Paul Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check *All States* or check individual) States)  AL AK AZ AR CA CO CT DE DC FL GA HL DD MA MI NAM SI N		-									•			
3 Does the offering permit joint ownership of a single unit?	2.	What is	the minim	um investn			• •		-				\$ 10,0	00
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with alse of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, von my set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Independent Consulting and Marketine LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  29401 Stephenson Hvvy_Madison Heights, MI 48071  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  ALL AX AZ AR CA CO CT DE DC FL GA HI DD  ATT NE NY NH NY NM NY NC ND OH OK OR FA  TIL IN IA SS KY LA ME MD MA MY MN NM													Yes	No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agen to fa before or dealer resistered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, to more than five (5) persons to be listed are associated persons of such a broker or dealer, to more than five (5) persons to be listed are associated persons of such a broker or dealer only.  Full Name (Last name first, if individual)  Independent Consulting and Marketing LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  29401 Stephenson Hwy., Madison Heights, MI 48071  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CQ CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA WY MN MS MO MN MS MN MS MO MN MS	3.												_	
Independent Consulting and Marketing LLC Business or Residence Address (Number and Street, City, State, Zip Code)  29401 Stephson Hww, Madison Heights, MI 48071  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ited is an ass ame of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) person	ection with r registered ns to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Business or Residence Address (Number and Street, City, State, Zip Code) 29401 Stephenson Hwy, Madison Heights, MI 48071 Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA WY WY WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND DH OK OR PA  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND DH OK OR PA  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID	Full	Name (	Last name	first, if indi	vidual)								,	
29401 Stephenson Hwy Madison Heights, MI 48071 Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						1 Ct	Sec. Orașe S	7: C - d - \			<del> </del>		· · · · · · · · · · · · · · · · · · ·	
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							ity, State, 2	Lip Code)						
(Check "All States" or check individual States)						400/1			•					
(Check "All States" or check individual States)														
AL AK AZ AR CA CO CT DE DC FL GA HI ID  IIL IN IA KS KY LA ME MD MA MY MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
TL IN IA KS KY LA ME MD MA MY MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		(Check	"All States	or check	individual	States)							☐ Al	l States
TL IN IA KS KY LA ME MD MA MY MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		AL	ΙΑΚΊ	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					NH	NJ	NM	NY	NC	ND	OH	OK		PA
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full	Name (I	Last name	first, if indi	vidual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
(Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID	Nan	ne of Ass	sociated Br	oker or Dea	aler									
AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "Ail States" or check individual States) All States	Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States		(Check	"All States	" or check	individual	States)			••••••	•••••	••••••••		☐ Ali	l States
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID		AI	AK	[ĀZ]	AR	CA	COL	[CT]	DE	DC	FI	GA	ाम	(dī
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID														
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID	Full	Name (1	Last name	first, if indi	vidual)									
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID	Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, I	Zip Code)						
(Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC FL GA HI ID	Nan	ne of Ass	ociated Br	oker or Dea	ıler							<del></del>		
(Check "All States" or check individual States)  All States  AL AK AZ AR CA CO CT DE DC FL GA HI ID	Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					-	
									☐ All	States				
		AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	. \$	\$
	Equity		
	☐ Common 📝 Preferred		<u> </u>
	Convertible Securities (including warrants)	. \$	\$
	Partnership Interests	\$ 13,140,000	\$ 13,140,000
	Other (Specify)	. \$	\$
	Total	\$ 13,140,000	\$13,140,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	13	\$ 13,140,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<b></b>	\$ 750.00
	Legal Fees	<b>~</b>	\$_5,000.00
	Accounting Fees		\$_750.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) long distance telephone; postage; etc.		\$ 500.00
	Total		\$_7,000.00

12) 2	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$ <u>13,133,000</u>
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	······	\$ <u>N/A</u>	□ \$ <u>N/A</u>
	Purchase of real estate	[	\$_N/A	\$ N/A
	Purchase, rental or leasing and installation of made and equipment		] \$N/A	\$ N/A
	Construction or leasing of plant buildings and fac	ilities	] \$ <u>N/A</u>	\$ N/A
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	¬\$ N/A	□ \$ N/A
		······	<del>_</del>	\$ N/A
	• •		_	\$ N/A
		ent Biloxi, LLC		
				\$
	Column Totals	[	] \$	\$ 13,133,000
	Total Payments Listed (column totals added)		<b>▶</b> \$ 13.	133,000
j,		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu- information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commiss	sion, upon writte	
lss	per (Print or Type)	Signature, 7//	Date	
A	Capital Biloxi Co-Investment Fund, L.P.	Charles	May <u>20,</u> 2004	,
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
Ch	arles L. Wall, Jr.	Managing Director of AA Private Equity Investors Managuhich is the general partner of the Issuer		

## - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

r p	E. STATE SIGNATURE	7.1	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature 2. 1	Date
AA Capital Biloxi Co-Investment Fund, L.P.	Gad leaff	May <u>کی,</u> 2004
Name (Print or Type)	Title (Print or Type)	
Charles L. Wall, Jr.	Managing Director of AA Private Equity Investors Man which is the general partner of the Issuer	nagement, LLC,

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	PE		

-3

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	·									
AR										
CA										
со										
СТ										
DE										
DC										
FL				2	12,000,000				~	
GA										
н										
ID										
ΙL				5	130,000				~	
IN								,		
IA										
KS	···									
KY										
LA	·			1	100,000				~	
ME										
MD										
MA										
MI				3	610,000			_	~	
MN										
MS				2	300,000				~	

and particular in the first		
APPENDIX		
	and the second of the second o	

1		2	3			4		5	ification
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND			\						
ОН									
ОК									
OR									
PA									
RI									
sc									
SD									
TN									
TX				-					
UT									
VT									
VA					-				
WA									
WV									
WI									

A			

			1	T				T	
1 1	ľ	2	3	4				5	
								Disqual	lification
			Type of security					under St	ate ULOE
	Intend	l to sell	and aggregate					(if yes, attach	
	to non-a	ccredited	offering price				explanation of		
	investor	s in State	offered in state	amount purchased in State				waiver granted)	
		(Part B-Item 1) (Part C-Item 1) (Part C-Item 2)					(Part E-Item 1)		
		Number of Number of							
				Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
WY									
PR									